OMS Medical Evaluation of Functional Activities

Employee's Name	SSN *(last 4 digits)*

Reason for OMS visit

- ☐ Occupational injury/illness
- ☐ Personal injury/illness
- ☐ Update/evaluation of status
- ☐ Return to work assessment
- ☐ Surveillance for: _____
- ☐ EAP

A. ☐ The employee is advised to resume regular activities; OR

B. ☐ The following functional restrictions are recommended by OMS or ☐ private care provider _____
Note dated:

The functional restrictions needed from *(mo./day/yr.)* _____ through *(mo./day/yr.)* _____

- ☐ No climbing stairs or ladders
- ☐ No stooping or kneeling
- ☐ No reaching above shoulder
- ☐ No reaching below knee
- ☐ No use of arm: ☐ left, ☐ right
- ☐ No use of hand: ☐ left, ☐ right
- ☐ No fine manipulation
- ☐ Wear splint while working
- ☐ No twisting or bending
- ☐ No standing longer than _____ minutes per hour
- ☐ No walking longer than _____ minutes per hour
- ☐ No sitting longer than _____ minutes per hour
- ☐ No lifting or carrying > _____ pounds
- ☐ No pulling or pushing > _____ pounds
- ☐ No operating motor vehicle
- ☐ Other, please describe:

The supervisor is responsible for determining if the above restrictions can/will be accommodated within his/her organizational area of responsibility. If functional restrictions cannot be accommodated, contact the office responsible for personnel action to determine if suitable duties are available elsewhere.

C. ☐ Insufficient information is provided to establish a medical basis for:

- ☐ Proposed functional restriction(s)
- ☐ Work absence

For further evaluation of the medical basis for the proposed functional restrictions and/or work absence, the supervisor should contact the office responsible for personnel action to initiate a formal request for a review of medical documentation.

D. ☐ OMS recommends that the employee should:

- ☐ Consult private physician ..... ☐ Immediately ☐ Next available appointment ☐ As planned on _____
- ☐ Consult Employee Assistance Program .... ☐ Immediately ☐ Next available appointment ☐ As planned on _____
- ☐ Return to OMS for re-evaluation on _____
- ☐ Negotiate leave with supervisor

Supervisor's name	Phone number	Supervisor contacted: ☐ Yes ☐ No ☐ Can accommodate restrictions. ☐ Cannot accommodate restrictions. ☐ Unavailable; message left to return call.

OMS representative can be reached at: Bethesda, MD 301-496-4411 Frederick, MD 301-631-7233 Baltimore, MD 443-740-2309 Hamilton, MT 406-375-9755	OMS representative	Date	Employee time in	Employee time out

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